


Wisconsin Department of Agriculture, Trade and Consumer Protection
Bureau of Weights and Measures

P.O. Box 7837, Madison, WI 53707-7837

(608) 224-4942

Wis. Admin. Code §ATCP 93.100 and 93.110

FOR OFFICE USE ONLY

POINT-OF-SALE FUELING INSTALLATION NOTIFICATION

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

Dispenser conversion only - The Checklist for Point-Of-Sale (POS) Fueling Installation is to be completed by the contractor performing the conversion or initial installation and submitted to the inspector prior to the installation inspection.

New/upgraded systems - The Checklist for Point-Of-Sale (POS) Fueling Installation shall be completed and submitted along with the tank/pipe plan review application for newly installed or upgraded storage tank systems providing POS dispensing.

 This checklist covers installation of: ☐ Key Control System ☐ Card Control System ☐ Code Control System

 Automated Fueling is: ☐ ATTENDED ☐ UNATTENDED ☐ UNMANNED → ☐ PUBLIC FUELING ☐ FLEET FUELING

Reg. Obj. #'s:

A. IDENTIFICATION: (Please Print)

OWNER NAME:		TELEPHONE: () -		COUNTY	
STREET ADDRESS:		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN		STATE	ZIP
FACILITY NAME:				COUNTY	
FACILITY STREET ADDRESS (not PO Box):		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN		STATE	ZIP

B. PLAN APPROVAL

- Plans have been submitted and approved.
- DATCP / LPO plan number: _____

Installer Verified	Inspector Verified	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. EMERGENCY CONTROL INSTALLATION

- Dispensing devices are listed.
- Listed, automatic-closing-type nozzles with latch-open devices installed.
- Emergency controls are installed more than 20 ft. but less than 100 ft. from each group of dispensers.
- Emergency controls are functional and of the manual reset type.
- Instructions posted for emergency conditions (Use emergency stop button and report emergency).
- A telephone or other approved clearly identified means to notify the fire department provided.
Fleet Fueling communication is via: ☐ Cell phone ☐ Personal or vehicle 2-way radio
- Operating instructions are conspicuously posted in the dispensing area.
- Marina applications will have attendant on duty at all times when POS dispensing is offered.
- Unmanned: ☐ Dispenser/submersible shut down or ☐ Alarm to facility staffed 24/7

Installer Verified	Inspector Verified	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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D. INSTALLER CERTIFICATION

OWNER NAME:		STREET ADDRESS:		<input type="checkbox"/> CITY	STATE	ZIP
TELEPHONE: () -	CERTIFIED INSTALLER NAME (print)			INSTALLER CERTIFICATION NO.		

I certify that the automated fueling system and related components have been installed according to the manufacturer's instructions, conditionally approved plans, and comply with ATCP 93.

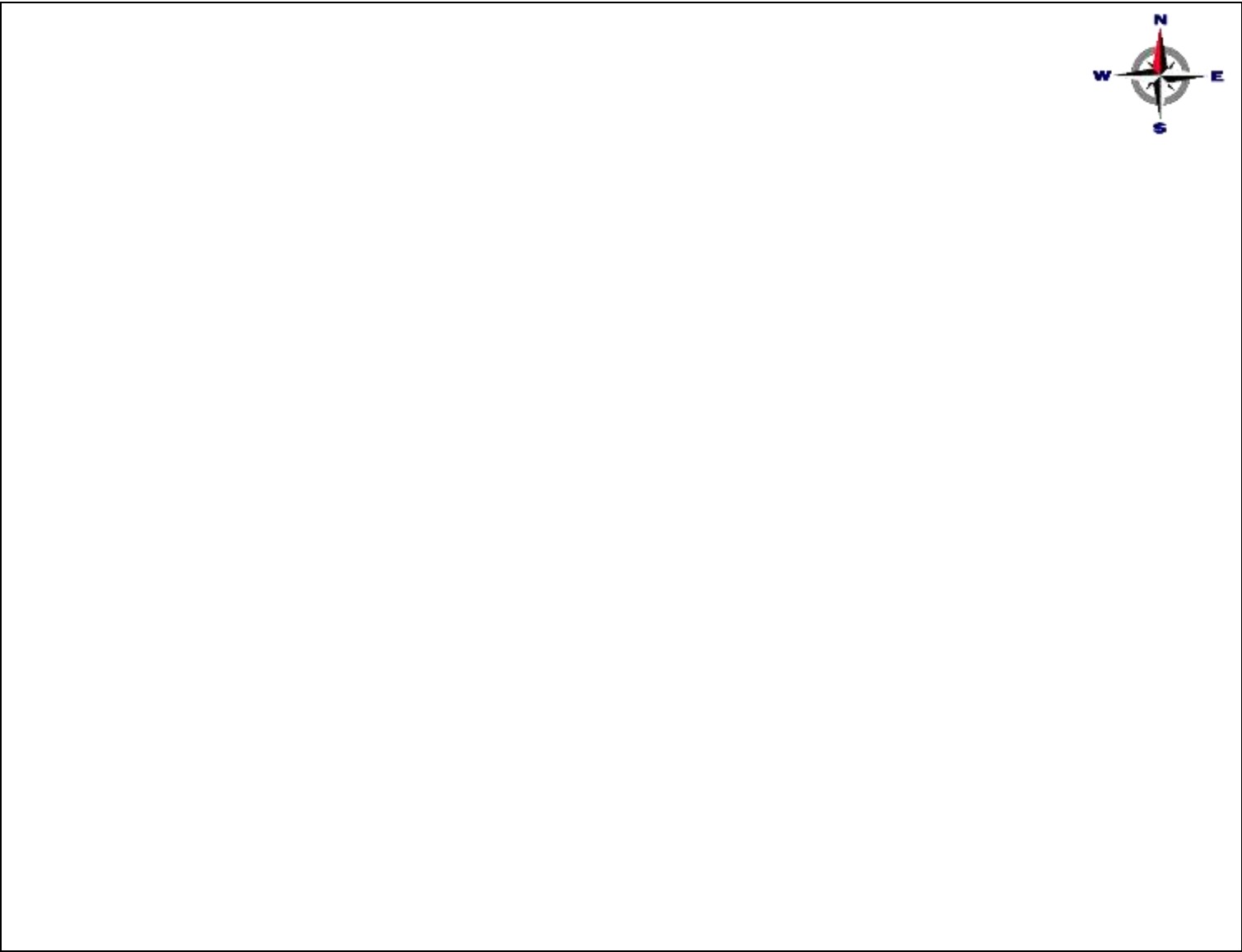
Installer Signature:

Date Signed:

E. INSPECTOR INFORMATION

INSPECTION DATES:							
INSPECTION COMPANY NAME:					COMPANY NUMBER:		
INSPECTOR SIGNATURE:				INSPECTOR #:		LOCAL OPERATOR #:	
DATE SIGNED:		FIRE DEPARTMENT PROVIDING COVERAGE:					FDID #:

F. In the space provided, complete a drawing of the POS dispensing system. In the drawing, include all dispensers, islands, buildings, location of emergency controls, and location of telephone or communication device. All drawings must include and identify at least one roadway.



G. COMMENTS:

Fee for conversion of existing dispenser(s) (If independent of tank/pipe installation submittal)	Plan Review Fee	Installation Inspection Fee	Plan Revision Fee	Re-inspection Fee
Conversion of existing system to a point of sale type of dispensing system	\$35	\$100	\$100	\$100